



# State Bar of Georgia

## CONSUMER ASSISTANCE PROGRAM INTAKE FORM

CONFIDENTIAL

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street or P.O. Box

City

State

Zip

YOUR PHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_

THE BEST TIME TO CALL: (H) \_\_\_\_\_ (W) \_\_\_\_\_

NAME OF THE ATTORNEY: \_\_\_\_\_

Fill out a separate form for each attorney. Do not list law firms.

REFERRED BY: \_\_\_\_\_

PROBLEM WITH ATTORNEY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The Consumer Assistance Program (CAP) is designed to improve communications between lawyers and their clients by seeking to resolve minor problems which do not rise to the level of a serious violation. All initial inquiries about attorneys are routed to CAP.*

**Please mail or fax this form to: Consumer Assistance Program, State Bar of Georgia, 104 Marietta Street, Suite 100, Atlanta, GA 30303, fax (404)527-8717. If you would like to speak to someone in Consumer Assistance, call (404) 527-8759 or (800) 334-6865, ext 759.**